Duke University/Health System Accommodation Fund
Request for Funding (Public)

Member of the Public Name (if applicable): _______________________________________
Address:___________________________________________________________
Phone:______________________________

Campus Address (if applicable):________________________ Campus Phone:____________________
Department:__________________________Job Title:__________________________

Equipment/Service Requested (Include cost and vendor, if possible):

Purpose of Equipment/Service Requested (e.g. what function does the equipment/service provide and how does this relate to the individual's disability?)

What level of partial funding is available from the sponsoring unit? (Partial funding by the sponsoring unit is strongly encouraged.)

Has the Reasonable Accommodation Process been implemented?

Is the sponsoring unit aware of and supportive of the requested accommodation?

_____________________________  ______________________
Name of person making request         Date

_____________________________  ______________________
Address                        Phone

02/01/13